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ABSTRACT

This pilot study, involving a mother and her 3-year-old child with developmental delays, developed, implemented, and evaluated a model of early intervention that incorporates family-centered assessment and intervention practices. The CARE (Caregiver Assistance, Resources, and Education) project model was both school-based and home-based. The family-centered system of assessment, planning, training, and monitoring was designed and evaluated in a formative process by the therapist/trainer. Additionally, a caregiver training model, CREFT (Child Relationship Enhancement Family Therapy), was applied to strengthen the child-caregiver relationship. The CREFT method trains caregivers in therapeutic skills in a play therapy setting. Eight 1-hour weekly sessions were conducted in either the home or school setting. The participating mother gained knowledge, skill, and confidence in guiding and supporting her child. The child subsequently gained skill and confidence in the self-care and fine motor areas addressed in the training. Appendices include the questionnaires used and CARE progress notations. (Contains 56 references.) (DB)

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CARE: CAREGIVER ASSISTANCE, RESOURCES, AND EDUCATION. A CASE STUDY OF A FAMILY- CENTERED ASSESSMENT AND INTERVENTION MODEL

Candace Jayne VanGalder

April 1997

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Abstract

The CARE Project pilot study developed, implemented, and evaluated a model of early intervention that incorporates family-centered assessment and intervention practices with applications of the CREFT caregiver training method in a early childhood special education program. The CARE Project Model is a Caregiver Assistance, Resources, and Education model that is school and home based. Specifically, it is a family-centered system of assessment, planning, training, and monitoring was designed and evaluated in a formative process by the therapist/trainer with a mother and her child with developmental delays. The participating mother gained knowledge, skill, and confidence in guiding and supporting her child. The child subsequently gained skill and confidence in the self-care and fine motor areas addressed in the training. Based on the results of this preliminary pilot study, the CARE Model exemplifies the effectiveness of family assessment and intervention practices in early intervention.

Chapter One: Project Proposal

Problem Statement

Parents of young children at-risk due to genetic, biological, and/or environmental factors are faced with many child care demands that require expert knowledge, assistance and resources. The child with a disability and/or risk factors may need a variety of interactional, technical, and environmental adaptations and support from their caregivers to optimize their health and continued development.

Importance

A child at-risk can have any number of special needs that may require skilled management strategies from his or her primary caregivers (Agosta & Melda, 1996; Bristol & Gallagher, 1982; Mori, 1983). These special needs may vary over time and are influenced by the unique dynamic characteristics of the child and family ecosystem. One or both parents are typically the primary caregivers of their child, however, another member of the family may also have this important parent role. Each primary caregiver may need education, assistance and resources to enable them to understand and effectively support their child at different times in their lives. Ultimately, the child caregiver wants to help their child grow and learn to reach their best potential for the future. The future success of these children in our world depends primarily on the early foundation received from their parents and family.

It is imperative then that early interventionists respond to this need with effective programs that assist these parents in developing caregiving skills to sustain the health and development of their children (Turnbull & Turnbull, 1990;

Vincent & Beckett, 1993). Raver (1991), denotes the principle objectives of best practices in family-centered early intervention:

- to provide information, support, and assistance to families dealing with the needs associated with the child at risk for delayed development.
- to build parental confidence as the primary facilitator of their child's development and principal advocate for their child.
- to foster effective interactions between parent, family, and child that promote mutual feelings of competence and enjoyment.

Early intervention programs for young children with special needs and their families have become an accepted and valued practice in our society (Odom & McLean, 1993). Public Laws 99-457 and 102-119 dictate that free and appropriate early intervention services be provided to infants, toddlers, and preschool-aged children with disabilities and their families. Family-centered care has emerged as an important and relevant philosophical shift in the fields of early childhood education, special education, and early intervention which is supported by past and current family and professional experience, research, and legislation (Odom & McLean, 1993; Trivette, Dunst, Boyd, & Hamby, 1996; Vincent & Beckett, 1993). Public Health and Community Mental Health Programs, Parents As Teachers, Headstart and School Readiness Programs promote parent education and involvement as a crucial component to the successful education and development of children. In the State of Michigan, the Early On Program exemplifies a collaborative family-centered care program for infants and toddlers with the focus of intervention directed toward *both the family and child* (Fortune, Dietrich, Blough, & Hartman, 1993). The family caregivers and child are provided

education, services, assistance or resources from helping professionals from various educational and health agencies.

The best practices for family-centered care are both value and research driven but require further evaluation and demonstration (Odom & McLean, 1993; Staples, 1990). Traditional practices of parent involvement in conferences, workshops, home and program site visits are well researched and widely practiced in educational and health service systems. This is a timely period in which to further develop and evaluate a model of practice to extend and develop family-centered services for the young child at-risk. The development and investigation of a caregiver training model will provide an authentic application of a family-centered intervention design. The results of the investigation will encourage further research and use of family-centered practices that will benefit children and families and expand the knowledge of others in education and health professions.

Background

Supportive Research on the Child and Family Ecological System

An abundance of research exists indicating the need for early intervention for young children with disabilities and/or other risk factors (Barber, Turnbull, Behr, & Kerns, 1988; Blacher, 1984; Bristol, 1982; Bronfenbrenner, 1979; Bronfenbrenner; 1990; Dunst, Johansson, Trivette, & Hamby, 1991; Dunst, Leet, & Trivette, 1988; Hanson & Carta, 1996; Lifter 1992; Mori, 1983; Odom & McLean, 1993; Turnbull & Turnbull, 1990; Werner, 1986). The evolving impact a child with a disability or other risk condition has on a family, community, and society is pervasive. The young child at-risk is vulnerable to many innate and

environmental variables that can impede his or her health and development (Kopp, 1983; Shonkoff & Marshall, 1990; Werner, 1986). The interfused models below in Figure 1 depict the underlying theoretical premises of the CARE Project Model for children at-risk and their families. The ecological model of the child and family includes these integral components of the mesosystem that need consideration when valid, useful early intervention program services are designed (Nuttal, 1992).

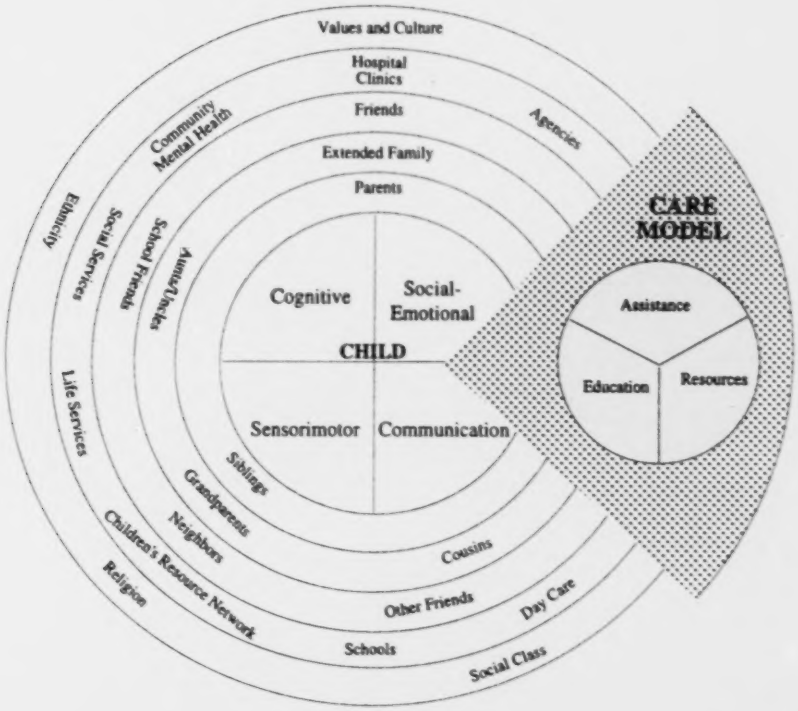

Figure 1: Interfused Models of the Ecology of the Child and Family and the CARE Project. Adaptation of Nuttal's Bronfenbrenner Ecological Model (Nuttal, 1992).

In the center of the model is the developing child who is a unique mixture of genetic and environmental elements which are affected by a disability and/or other risk factors. These risk factors create potential limitations that can impede the health and development of the child. The mesosystem of the child represented by the concentric circles surrounding the child includes family, school, community, and sociocultural components. If sufficient these components can provide the proximal and distal processes that will nurture the child with a disability and/or other risk factors toward optimal health and development. The CARE Project Model interfused into the mesosystem provides the family, school, and community with increased assistance and resources to support the developing child at-risk.

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Of primary consideration for early intervention are the parents and other family members from whom the child experiences nurturance and through shared interactions learns to become a responsible, productive member of society (Bronfenbrenner, 1979; Cook, Tessier, & Klein, 1992; Turnbull & Turnbull, 1990).

The time of raising a child is an adaptational and developmental process for the entire family, particularly primary caregivers and the child. Each child at-risk and their family make up a dynamic, interactive system of unique characteristics and needs. The family caregivers have their own unique strengths and adaptive skills along with their own vulnerabilities and difficulties that change and shift interactively with their child. Therefore each family member operates both as an agent of change in the family system and as a target of influence (Raver, 1991). Learning to care for a child with special needs has additional stresses and challenges for caregivers for which they are not likely to be prepared. Each change in the child's condition, development, or behavior brings about new questions and concerns (Cook, Tessier, & Klein, 1992; Raver, 1991).

The advent of a child with special needs imposes unpredictable change on the family cycles and processes of each member as well as affecting other subsystems of the family ecosystem. The extent and type of stress on the family from any internal and/or external source impinges all family members including the child with special needs. The young child will be strongly influenced by the ability of the adults to cope with stress and the family supports that buffer or alleviate this stress (Raver, 1991). Attitudes of family members, especially caregivers, toward

the child with special needs are influenced by many factors such as personal childhood experiences, present stress and circumstances, support received from family and others, service providers, their socio-cultural system, and the characteristics of the child, including illnesses and disability. These caregiver attitudes whether positive or negative are also translated into their interactions with the child. The amount of stress experienced by a family with an at-risk child depends on the social support received from within their family and friend circles and also from within their community. There are also diverse cultural factors, such as beliefs, values, family and childrearing practices, and communication that shape each family system (Vincent, Salisbury, Strain, McCormick, & Tessier, 1990). Each culture emphasizes different developmental expectations for a child in adult-child and peer interactions, self-help, and behavior and for caregivers as well (Cook, Tessier, & Klein, 1992). Each culture accepts and cares for a child with special needs differently (Gollnick & Chinn, 1990). In conclusion, the family and child are influenced by many complex intrapersonal and interpersonal transactions within their immediate and extended circles of family, community, and culture.

The establishment of effective early intervention programs is therefore placed in the ecological context of the child and the family. The interventionist focuses on child and family strengths and priorities within their own ecological structure in which they live and form their own transactions and development over time. The time the family share in relationship becomes the primary locus of adaptive learning for the child (Bronfenbrenner, 1990; Hanson & Carta, 1996).

Purpose of CARE Project

Belief Statement

It is recognized and honored that each caregiver in the family may need different levels and types of support to care for their child. Each caregiver has the right to request and decide on the support they need. This will subsequently facilitate them as empowered advocates for themselves and their child.

The purpose of the CARE project is to develop, implement, and evaluate a model of early intervention that incorporates family-centered assessment and intervention practices with applications of the CREFT caregiver training method in a early childhood special education program. The CARE Project Model is a Caregiver Assistance, Resources, and Education program that is school and home based. Specifically, a family-centered system of assessment, planning, training, and monitoring will be designed and evaluated in a formative process by the therapist with a mother and her child with developmental delays.

Expected Outcomes of the CARE Project

- the parent participant will feel more knowledgeable and competent in providing therapeutic interaction and support for their child.
- the parent participant will demonstrate educational and therapeutic skills when interacting with their child.
- the child receiving the changed interactions and supports from the mother will demonstrate improved function or behavior.

Design of CARE Project Model Case Study

Participants: The Occupational Therapist/Researcher, a mother and her three year old daughter with developmental delay.

Outcome 1: The parent participant will feel more knowledgeable and competent in providing therapeutic interaction and support for her child.

Activities and Evaluation:

- Parent interview to determine strengths, needs, and priority goals for her child and herself as the primary caregiver.
- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.
- Notations documenting parent report and observations.
- Parent pre and post questionnaire indicating self-perceptions of knowledge and competence related to her child and abilities as a caregiver.

Outcome 2: The parent participant will demonstrate educational and therapeutic skills when interacting with her child.

Activities and Evaluation:

- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.
- Notations and video clips documenting parent and child behavior.

Outcome 3: The child receiving the changed interactions and supports from his mother will demonstrate improved function or behavior.

Activities and Evaluation:

- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.
- Notations and video clips documenting parent and child behavior.
- Pre and post play-based assessment using therapist and parent observations in the natural context of the home.

Background on CARE Project Design

The research design chosen for this project is a descriptive single-case

study. The single-case study gives opportunity for intensive examination to many parts of a social unit, such as a person or family. It focuses on solving a specific problem or set of problems for that person or family within a specified period of time. The design of the single-case study allows the person doing the study to perform as therapist and researcher simultaneously (Hopkins & Antes, 1990; Monette, Sullivan, & DeJong, 1987; Zwieg, 1987). The use of single-subject designs in research is a core component of a clinical research model which adheres to the following recommended principles of Bloom and Fischer (Monette, et al., 1987).

1. Human service delivery views service delivery as a problem-solving experiments in which the major responsibility of the practitioner is to hypothesize and test hypotheses and to evaluate relationships between client problems and intervention efforts.

2. The professional incorporates single-subject designs as a routine strategy in the monitoring and evaluation of all clients.

3. Preference to knowledge that has been substantiated by empirical testing.

4. High value is place on the professional responsibility to continue learning and evaluating practice techniques in order to improve intervention.

The limitations of a single-subject design are important to recognize. A single-subject case study is vulnerable to subjective biases and interpretations. It is a slow and time-consuming process making it impractical. The narrow focus on a single unit confines the representativeness of the study. Valid generalization to the represented population can only be accomplished by appropriate follow-up research focusing on specific hypotheses and using proper sampling methods (Isaac & Michael, 1995). The unexpected events of the environmental and

human components of the design influence the research structure and contexts. Despite the limitations of this study it is hoped the results will provide valuable background information on family-centered practices including processes, variables, and insights that deserve more extensive research and varied applications in future studies on the efficacy of family-centered care and early intervention.

Definitions

Family-Centered Care: early intervention practices that focus educational and health assessment and treatment on *the child and family* to incorporate their needs, priorities, styles to plan useful intervention.

CREFT: Child Relationship Enhancement Family Therapy. The process of the child and caregiver in a play therapy environment with the therapist who trains and empowers the caregiver as the primary change agent for the child. The caregiver learns therapeutic skills from a trained professional and is guided in specific application of the skills using demonstration and role-play practice sessions.

Caregiver Questionnaire: a list of open-ended questions and scales regarding parent feelings of knowledge and competence in caregiving skill, perceptions of their child and family system, and perception of their needs and progress.

Play-Based Assessment: a natural, functional assessment of the child in structured and unstructured play situations with parent(s) and therapist in the natural context of the home.

Evaluation of the CARE Project

The evaluation of the CARE Project design will be done using baseline and treatment measures of the child and parent as indicated in the previous section describing the outcomes. The child outcome will be evaluated using a play-based assessment in the natural context of the home before and after intervention. The parent outcomes will be evaluated using a pre and post questionnaire of self-perception of knowledge and competence and therapist clinical observations and documentation of parent-child interactions. The outcomes and results reported

and observed will be described in narrative form. Conclusions of the study and recommendations for further program development will be included in the summary.

Chapter Two: Literature Review

Review of past and current research in educational, medical, and psychology literature provided the philosophical framework and practices for the CARE Project. Professional guidance was also obtained from colleagues at Grand Valley State University, University of Denver, Holland Public School District, and Psychological Associates of Grand Rapids, Michigan.

Supportive Research on Philosophy of Family-Centered Care

The family-centered care philosophy recognizes and respects the family as the most important and influential source of nurturance for the growing child. The ethnic, cultural, and socio-economic, and religious diversity, priorities and choices, and resources of each family are honored. The family is viewed as an equal partner and is supported in their caregiving role by the professionals within the school and community. The hope for a promising future for the child at-risk and their family is created by embracing these principles (Dunst, et al., 1991; Fortune, et al., 1993; Staples, 1990; Turnbull, et al., 1996; Vincent & Beckett, 1993).

The wisdom of the family-centered care theory has created questions regarding how to implement family-centered practices which implore us to work together with parents to design and test program methods for replication (Odom & McLean, 1993; Raver, 1991). The research from Headstart, High/Scope Foundation, and various other preschool programs for typical and atypical children indicates improved child outcomes correlated with parent involvement (Hoodecheck & Kearns, 1990; Kelley, 1992; Raver, 1991). Many common parent components of early intervention programs such as home and site visitations,

conferences, parent support groups and mentors, and family activities have proven successful through research and practice. There continues to be a need for more extensive or intensive parent involvement specific to the needs of the individual child and family. What is apparent from the knowledge about the family ecosystem and current family-centered practices is that the best service is individualized and dynamic to meet the changing needs of the child and family increasing their adaptability and independence.

The family-centered care program allows for and supports the child and caregiver needs as they change over time. To provide family-centered care service, the solution must be the provision of comprehensive, flexible opportunities for the child and family and service providers. This fosters maximum feasible child-caregiver participation (Cook, Tessier, & Klein, 1992; Vincent & Beckett, 1993; Zigler & Muenchow, 1992).

Supportive Research on Family Centered Assessment and Intervention

The ecological model guide to the assessment of children is advocated by many scholars (Bronfenbrenner, 1979; Cook, Tessier, & Klein, 1992; Neisworth, 1993; Nutall, Romero, & Kalesnik, 1992; Raver, 1991). The historical, cultural, social, and familial contexts in which the child develops ranges from specific transactions regulated by the caregiver and the child to the more global interactions of a child in a particular home, school, community, and culture (Kalesnik, 1992). These contexts of the child and caregiver must be considered in assessment and intervention.

Assessment is a process requiring frequent, naturalistic observation of the

child in a variety of settings. The primary caregivers are able to provide helpful observational data about the child because of their almost constant contact and interaction in many contexts. The family and intervention team together can develop a more accurate picture of the child by compiling and interpreting their joint and separate observations of the child. This convergent assessment provides richer and broader sampling the child's development and behavior which increases the validity of the assessment product (Bagnato & Neisworth, 1991; Gibbs & Teti, 1990; Linder, 1993; Neisworth, 1993).

Family-centered assessment also incorporates family input of their concerns and priorities in order to plan for useful intervention. This allows for the survey of family strengths, needs, and resources that impact the support system for the child and caregiver. Another important practice in assessment of child is the use of significant, worthwhile measures that are socially relevant. The use of multiple tools (including observation, interview, formal and informal tests) that are developmentally inclusive of all interrelated domains is also recommended (Neisworth, 1993).

Assessment is the method used to detect child needs and environmental circumstances that may create problems; to identify strengths and weakness so that appropriate programs can be planned; to identify special family circumstances and needs that may assist in planning for progress; to monitor changes in child behavior and accomplishments; and to estimate effectiveness of intervention practices (Neisworth, 1993). On-going assessment and intervention information helps to determine primary caregiver-child interactional strengths and needs so that

rewarding aspects of the relationship may be increased and interventions adjusted as needed (Shea & Bauer, 1991).

One of the best ways to foster adaptation with caregivers is to use anticipatory and participatory guidance in an attempt to minimize the effects of stress-related circumstances (Raver, 1991). The intervention strategies planned must be relevant and important to the family in order to reap benefits for the child. By addressing the family's most pressing needs and involving the family caregivers in the process the effects of intervention on family members may improve family functioning and this may contribute to positive outcomes in the child (Odom, et al., 1993).

With education and training a caregiver combines a concern with an understanding of child development and therapeutic or educational technique to their perception and interaction with their child (Elkind, 1994). To help parents and caregivers adjust their interactional style, it is recommended that professionals teach caregivers about their child's unique communication/body language, awareness and of their own interactional style and the affect on the child, guided practice and encouragement to adapt their styles as their child develops, highlight the child's progress so that parents can see the results of their efforts. When children are handicapped, their abilities and responsiveness in play interactions can influence reciprocal parent-child play. Caregivers may experience frustration if the child's ability to play is significantly impaired. There needs to be more opportunity for creative caregiving in which the caregiver feels authentic, confident and secure about their caregiving. This feeling of the caregiver will

encourage them to combine, in innovative ways, their knowledge of children in general and their special understanding of their own unique child (Elkind, 1994).

Many child and family educators and therapists have employed various combinations of parent training methods in their intervention with children. The pursuit and attainment of parental involvement has made phenomenal changes in the child and family no matter the degree. Historical research of the training of parents to be therapeutic caregivers for their children can be found from the early 1900's until present day with therapists Freud, Rogers, Axline, Guerney, and Landreth reporting successful outcomes having used this approach (Landreth, 1991). The CREFT (Child Relationship Enhancement Family Therapy) method developed by the Guerneys at Rutgers University has become increasingly recognized and utilized by clinicians and researchers as an effective method to strengthen child, parent, and family relationships (VanFleet, 1994). The CREFT method involves the child and caregiver in a play therapy environment and trains and employs caregivers as primary change agents. The caregiver learns therapeutic skills from a trained professional and is guided in specific application of the skills using demonstration and role-play practice sessions. It is probable that in utilizing this method the caregiver can be taught behavior management skills and various other developmental and therapeutic enhancement skills from the early interventionist. The CREFT method supports the idea that "the parent's intimate involvement in the specific plan to help the child will mobilize the parent's motivation to be helped, and perhaps more important, to be of help" (Guerney, 1989). This empowers the parents or caregivers as the most important people in

the lives of their children by giving them the opportunity to provide a variety of services to their child under professional guidance. It is crucial for the helping professional to assist parents and other primary caregivers to understand that the caregiver-child interaction may be the best predictor of child outcomes. The parent's more positive attitude toward the child increases the child's self-esteem, which furthers the child's accomplishments, which in turn enhances the parent's satisfaction with the child (Zigler & Muenchow, 1992). This method facilitates effective collaboration between the early interventionist, the child, and family caregivers. Applications of the CREFT and other training methods to a family-centered early childhood education model can provide the flexible, dynamic intervention the caregiver needs to develop their understanding of the importance of their role in facilitating, guiding, and supporting their child's development (Constantin-Page, 1993; Landreth, 1991; Schaefer & Carey, 1994).

Summary of Literature

To be truly responsive then to the needs of children at-risk and their caregivers an intervention approach that centers around the family is essential. The nurturance the growing child receives from the family caregivers is the most influential. The child and family needs change over time and are best supported by a global and flexible assessment and intervention plan. A focus on family strengths builds the foundation for adaptability and resiliency in the child and other family members as their needs and challenges arise. The child and family grow and learn through their relationships which constantly change amongst each other. Caregivers can learn to be therapeutic and educate their children through their

shared interactions with professional guidance. The early interventionist and caregiver together provide expert knowledge about the child and through the training process formulate and implement an effective program. The early interventionist gives the caregiver guidance and feedback as the program ensues. The caregiver and interventionist converge and assess the child and the contexts as each changes. The caregiver becomes innovative in their techniques and interactions with their child by combining and applying their new knowledge of children and the special understanding of their own child. Subsequently, caregiver competence and confidence increases which leads to positive child behavior and development. The resulting enhancement of the caregiver's satisfaction with the child increases the child's self-esteem and motivation. The child sensing the positive caregiver attitude and pride during their interactions responds with continued trials and accomplishments. The cycle of positive child-caregiver interaction once begun will have profound and lasting changes on the child, the caregiver, the family, the community and society.

Chapter Three: CARE Project Report

Introduction of CARE Project

Belief Statement

It is recognized and honored that each caregiver in the family may need different levels and types of support to care for their child. Each caregiver has the right to request and decide on the support they need. This will subsequently facilitate them as empowered advocates for themselves and their child.

Purpose of the CARE Project

The purpose of the CARE project is to develop, implement, and evaluate a model of early intervention that incorporates family-centered assessment and intervention practices with applications of the CREFT caregiver training method in a early childhood special education program. The CARE Project Model is a Caregiver Assistance, Resources, and Education program that is school and home based. Specifically, it is a family-centered system of assessment, planning, training, and monitoring will be designed and evaluated in a formative process by the therapist with a mother and her child.

Expected Outcomes of the CARE Project

- the parent participant will feel more knowledgeable and competent in providing therapeutic interaction and support for their child.
- the parent participant will demonstrate educational and therapeutic skills when interacting with their child.
- the child receiving the changed interactions and supports from the parent will demonstrate improved function or behavior.

Components of the CARE Project

Participants: The Occupational Therapist/Researcher, a mother and her three year old daughter with developmental delay.

The twin brother with typical development was also included in the activities of the training to better assimilate the natural interactions and environment of the home.

Outcome 1: The parent participant will feel more knowledgeable and competent in providing therapeutic interaction and support for her child.

Activities and Evaluation:

- Parent interview to determine strengths, needs, and priority goals for her child and herself as the primary caregiver.
- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.
- Notations documenting parent reports and observations.
- Parent pre and post questionnaire indicating self-perceptions of knowledge and competence related to her child and abilities as a caregiver.

Outcome 2: The parent participant will demonstrate educational and therapeutic skills when interacting with her child.

Activities and Evaluation:

- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.
- Notations and video clips documenting parent and child behavior.

Outcome 3: The child receiving the changed interactions and supports from the mother will demonstrate improved function or behavior.

Activities and Evaluation:

- Provision of information and assistance via written materials, therapist instruction and demonstration of therapeutic interactions and environmental supports, and parent-child practice with therapist support using role-play.

- Notations and video clips documenting parent and child behavior.
- Pre and post play-based assessment using therapist and parent observations in the natural context of the home.

Summary of the CARE Project

The CARE Project pilot study was completed in 8 one hour weekly sessions from January 17 through March 31, 1997. The first and last sessions consisted of parent interview and pre and post questionnaire completion as well as a child play-based assessment. The location of the pre and post play-based assessments were in the family home. The other sessions consisted of parent-therapist discussion on goals, progress, evaluation, and planning, and role-play practice. These training sessions were located at a school building in a therapy room equipped with audio-communication system, two way mirror, and video recorder. The therapist issued relevant research and periodical articles to the mother at each session to provide her more information (Brodkin, 1991; Brodkin & Greenspan, 1990; Dighe, 1990; Faull, 1996; Greenspan, 1989; Greenspan, 1991).

To begin the program with this family the therapist used the experimental version of the Caregiver Background Questionnaire (see Appendix A) adapted from the Mack Family Survey Form (Mack, 1996) and the Caregiver Perceptions Survey (see Appendix A) to obtain family, child, and parent descriptions, caregiving need and support information. From this information and the discussion which ensued the therapist guided the mother in determination of priority needs and goals for her daughter and herself.

Summarized Selected Child Needs

1. My child will have the confidence to try more tasks independently.

2. My child will have more problem-solving skill to use in attempting difficult tasks.

Summarized Selected Parent Needs

1. I will have more knowledge in child developmental expectations.

2. I will have more skill in encouraging independence in my child.

The needs and goals of both the child and parent were addressed by parent-child involvement in the self-care activities of dressing and toileting and the fine motor activities of drawing and cutting.

The format of each session began with a parent-therapist discussion to review home and training progress, questions and concerns, and to determine the specific goals and activities of that session. The therapist then engaged the children in a selected activity and demonstrated specific environmental arrangements, adaptations and therapeutic interactions that would encourage the daughter to problem-solve, to encounter success and failure, and to develop more self-reliance. Next the mother role-played the identical situation and practiced the arrangements and interactions with her child. The therapist was either present with the mother in the room or used the CREFT method of audio-communication behind a two-way mirror to provide immediate feedback and suggestions to her as the role-play took place. The child practiced managing shoes, coat, and zipper, toileting, drawing and cutting during the training sessions. The mother practiced environmental structure and material arrangements, and the therapeutic

interactions of reflective listening, facilitative and descriptive responses, and limit setting. The mother was led by therapist in child and self evaluations after each practice session.

Summary of Outcome Progress:

Review of the video clips and weekly notations on the weekly reports, discussions and observations, and comparisons of the pre and post play-based assessments and Caregiver Perceptions Surveys revealed progress and attainment of outcomes for both the child and parent (See Appendix B).

Outcome 1: The parent participant will feel more knowledgeable and competent in providing therapeutic interaction and support for her child.

Evaluation Results:

- Notations documenting parent reports and observations revealed that the mother grew in awareness and evaluation of herself and how she interacted with her daughter and the effect of their interactions. She reported feeling more knowledgeable of developmental expectations for her child after reading the articles and discussing her findings with the therapist. The mother also reported becoming more comfortable in using techniques at home which were practiced at school. She requested less review toward the end of training. She reported stopping herself from helping too much or too soon and giving her child more opportunities to try on her own. See Appendix C to review CARE Progress Notations.

- Comparison of the parent pre and post questionnaire of this mothers self-perception of her caregiving knowledge and competence indicated that the perceived previous six areas of need were perceived as areas of strength after the training was completed. This demonstrated an increase in her confidence level as a result of the training. See Appendix B to view completed pre and post Caregiver Perceptions Surveys.

Outcome 2: The parent participant will demonstrate educational and therapeutic skills when interacting with her child.

Evaluation Results:

- Notations and video clips documenting parent and child behavior revealed that mother had demonstrated increased skill and frequency in using therapeutic interaction techniques (reflective listening, descriptive commentary, specific expectations and limit setting) to guide and support her daughter in challenging activities at school and home. Techniques appeared to facilitate independent actions of her daughter which were maintained over the time of the training. The mother reported and displayed the use of effective environmental and instructional strategies to facilitate her daughter in learning and completing dressing, toileting and cutting tasks. She exhibited the most frequent use of therapeutic interactional strategies (descriptive commentary and reflective listening) during practiced activities at school. The mother reported that it was becoming easier to do this at home when she concentrated on doing it. Occasionally when observed the mother reverted back to directing her child excessively or too soon but self-checking was reported and observed also. See Appendix C to review CARE Progress Notations.

Outcome 3: The child receiving the changed interactions and supports from his mother will demonstrate improved function or behavior.

Evaluation Results:

- Notations and video clips documenting parent and child behavior revealed child progressing beyond predetermined goals in dressing. She began managing her shoes, coat and other clothing articles. The child began to try challenges more than once without reliance on her parent or brother to assist as initially observed. The child began the training program verbalizing frequently "I can't do it" and ended the training program saying "I can do it" when she accomplished a task. See Appendix C to review CARE Progress Notations.

- Comparison of the pre and post play-based assessment using therapist and parent observations in the natural context of the home indicated that child made significant progress in dressing skills, problem-solving and self-reliance in tasks, and began to develop fine motor skills using a variety of tools and materials. See Appendix C to review CARE Progress Notations.

Conclusions

The purpose of the CARE project was to develop, implement, and evaluate a model of early intervention that incorporates family-centered assessment and intervention practices with applications of the CREFT caregiver training method in

a early childhood special education program. The CARE Project Model was a Caregiver Assistance, Resources, and Education program that was school and home based. Specifically, it is a family-centered system of assessment, planning, training, and monitoring was designed and evaluated in a formative process by the therapist with a mother and her child with developmental delays. Based on the results of this pilot study of the CARE Model exemplifies the potential and effectiveness of family assessment and intervention.

Positive Findings of the CARE Project Pilot Study

- Parent investment in self-selected areas of need and goals.
- Increase in parent confidence.
- Increase in parent competence in learned skills and interactions.
- Increase in parent awareness of self, her child, and their interactions.
- Emergent ability of this parent to self-monitor.
- Increase in parent knowledge of developmental expectations for her child.
- Increase in parent knowledge and use of supporting interactions for her child's unique personality and learning style.
- Structured training sessions allowed parent to practice suggested techniques.
- Feedback from therapist before, during, and after each session was reportedly valuable to the parent.
- Transfer of activities and practiced interactions was possible from school to home even though environments were different.
- Increase in child confidence to perform selected or similar tasks.
- Increase in child self-reliance.
- Increase in child developmental skill in areas addressed.
- Child transfer of skills practiced at school to the home noted.
- CREFT method of training was successfully used with a mother and child with special needs.

Negative Findings of the CARE Project Study

- Parent knowledge and awareness was gained and influenced by other sources of support to her in the family, the school setting, the church and from the family physician.
- Parent competence in learned skills and interactions was easiest to attain and best in the controlled setting of the school then the home amongst other variables in that environment.

- Parent reported to have less time to practice with her child at home with the demands and distractions of the household and other family members.
- Parent requested more individual time at home to complete questionnaire and surveys.
- Time to view video clips with the parent was not possible but may have been valuable to the mother to enhance and reinforce her learning.
- Training sessions were lengthy and intensive in order to accomplish the formatted portions of discussion, review, plan, practice, feedback, and transitions.

Recommendations

It is suggested that the CARE Project Model be further utilized with other types and ages of children, caregivers and trainers in educational, social service, or medical settings and refine the process of the model. A periodic follow-up interview, evaluation and/or training for participating families is suggested for further program development. Field testing of both the Caregiver Background Questionnaire and Caregiver Perceptions Survey along with more intensive qualitative research study is highly recommended. In time and with more experience the CARE Project Model may prove to be a valuable tool for teaching educational and therapeutic skills and interactions to caregivers of children with special or ordinary needs.

Dissemination of the CARE Project Research

To encourage interest and further development of family-centered assessment and intervention practices the CARE Project will continue on an on-going basis. Feedback from participating families will also assist in program development and therefore the usefulness of the program. The results of this case study will be disseminated to families and professional colleagues through written summary, workshop presentations, and ongoing implementation in therapy and

educational service provision to the children and families of the Holland Public School District and the private practice of this therapist. Publishing the results or description of the CARE Project may also be considered in the future.

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Appendix A: Experimental Versions of the Caregiver Background Questionnaire and Caregiver Perceptions Survey

Caregiver Background Questionnaire

(Final Experimental Version)

Candace J. VanGalder, OTR
Faite R-P. Mack, PH.D.

Instructions

Every caregiver has a unique style and capabilities to care for their child(ren). The family and community are also uniquely designed to support the child and caregiver. This questionnaire is designed to assist the interventionist in a better understanding of the child-caregiver relationship and support system in which they function in daily life.

The Caregiver completes the questionnaire. The interventionist may discuss the questionnaire with the caregiver as it is completed or afterward. The interventionist may read and explain each section to the caregiver and record their replies if needed.

Instructions for the Caregiver (parent, guardian or primary caregiver) :

The following questionnaire will help to describe your caregiving situation, determine the strengths, needs, priorities and concerns for you and your child. This will help assist in developing and evaluating your CARE service plan. Please answer the following questions and surveys. Thank-you.

Caregiver, Child, and Family Information

Date: _____ **Caregiver Name:** _____ **Age:** _____

Child's Name: _____ **Birthdate:**_____ **Age:** _____

Child's Special Needs and Concerns:

Name three things your child has progressed in:

1. _____
2. _____
3. _____

Name three things your child needs help learning or developing:

1. _____
2. _____
3. _____

List any services your child has received or presently receives and their service provider:

Medical: _____

Dental: _____

Social Services: _____

School: _____

Other:

_____

List family members (relatives or others living in your home) **Age** **Relationship**

_____

_____

_____

_____

_____

Describe your home and community environment.

Home (house, apartment, farm, urban, rural):

_____

_____

Cultural/Ethnic Group(s):

_____

_____

Describe your educational and vocational experiences:

_____

_____

_____

Family Support Survey

The interviewer explains the following survey and reads the instructions below to the primary caregiver of the child. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting or completing the form if necessary.

Instructions: Listed below are people that sometimes are helpful to family members raising a child. This section asks you to indicate how helpful each source is or has been to your family. You may respond to each possible source of help named in the following ways.

Help Rating Key:

1	2	3	4	5	NP	NA
Always Helpful	Often Helpful	Sometimes Helpful	Occasionally Helpful	Never Helpful	Not Pertinent	Not Available

Name: _____ **Date:** _____

1.	My spouse or partner	_____	11.	Parent groups	_____
2.	My parents	_____	12.	My social groups/clubs	_____
3.	My spouse or partners parents	_____	13.	My church/minister	_____
4.	My relatives	_____	14.	My family or childs physician	_____
5.	My spouse or partners relatives	_____	15.	My childs professional helpers (school, agency)	_____
6.	My friends	_____		Specify: _____	
7.	My spouse or partners friends	_____		_____	
8.	My own children	_____	16.	My professional helpers (school, agency)	
9.	My neighbors	_____		Specify: _____	
10.	My co-workers	_____		_____	

Caregiver Perceptions Survey
(Final Experimental Version)

Candace J. VanGalder, OTR

The interventionist explains the following survey and reads the instructions to the participating caregiver. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting and completing the form if necessary.

Name: _____ **Date:** _____

***Instructions:** Please respond to each statement below as it relates to you and the care of your child. Indicate if the statement describes a strength or a need for you as a caregiver and check your response in the corresponding Strength or Need column. Some areas may not be applicable to you and if so please respond by marking the corresponding NA column.*

Key:

Strength = an area in which you feel confident and no assistance is needed.

Need = an area of concern in which you feel less confident and assistance is needed.

Not Applicable =NA an area that is not or has not been a concern.

Statement	Strength	Need	NA
1. Understanding my child's condition or disability.	_____	_____	_____
2. Explaining my child's condition or disability to others.	_____	_____	_____
3. Understanding my child's special needs.	_____	_____	_____
4. Explaining my child's special needs to others.	_____	_____	_____
5. Understanding how to care for my child's needs.	_____	_____	_____
6. Explaining to others how to care for my child's needs.	_____	_____	_____
7. Understanding my child's behavior.	_____	_____	_____
8. Explaining my child's behavior to others.	_____	_____	_____
9. Understanding how to interact with my child.	_____	_____	_____
10. Explaining to others how to interact with my child .	_____	_____	_____
11. Obtaining professional services for my child.			
Medical	_____	_____	_____
Dental	_____	_____	_____
Social Services	_____	_____	_____
School	_____	_____	_____
Recreational	_____	_____	_____
Other (please specify):_____	_____	_____	_____
12. Obtaining special equipment/materials for my child.	_____	_____	_____
Describe:_____			
13. Obtaining childcare services for my child.	_____	_____	_____
Describe:_____			
14. Obtaining support for myself and/or my family.	_____	_____	_____
Describe:_____			

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Next fill in and discuss with the interviewer your responses to the following items.

Name three positive things (skills, attributes) about myself that affect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about myself that affect my caregiving ability:

_____

_____

_____

Name three positive things (skills, attributes) about my child that affect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about my child that affect my caregiving ability:

_____

_____

_____

Caregiver Outcomes:

Pre-Training: Name one or two things I hope to learn or change.

Post-Training: Name one or two things I learned or changed.

1. _____

2. _____

Child Outcomes:

Pre-Training: Name one or two things I want my child to progress in.

Post-Training: Name one or two things my child has progressed in.

1. _____

2. _____

Caregiver Background Questionnaire

(3rd Experimental Version)

Candace J. VanGalder, OTR
Faite R-P. Mack, PH.D.

Instructions

Every caregiver has a unique style and capabilities to care for their child(ren). The family and community are also uniquely designed to support the child and caregiver. This questionnaire is designed to assist the interventionist in a better understanding of the child-caregiver relationship and support system in which they function in daily life.

The Caregiver completes the questionnaire. The interventionist may discuss the questionnaire with the caregiver as it is completed or afterward. The interventionist may read and explain each section to the caregiver and record their replies if necessary.

Instructions for the Caregiver (parent, guardian or primary caregiver) :

The following questionnaire will help to describe your caregiving situation, determine the strengths, needs, priorities and concerns for you and your child. This will help assist in developing and evaluating your CARE service plan. Please answer the following questions and surveys. Thank-you.

Caregiver, Child, and Family Information

Date: _____ **Caregiver Name:** _____ **Age:** _____

Child's Name: _____ **Birthdate:**_____ **Age:** _____

Child's Special Needs and Concerns:

Name three things your child has progressed in:

1. _____
2. _____
3. _____

Name three things your child needs help learning or developing:

1. _____
2. _____
3. _____

Name one or two things you would like to help your child progress in:

1. _____
2. _____

As you think about caring for your child, name three positive things about yourself .

1. _____

2. _____

3. _____

As you think about caring for your child, name three things that you need help with.

1. _____

2. _____

3. _____

Name any other relatives, friends, or organizations who are available to assist you and your child.

_____

_____

_____

List family members (relatives or others living in your home) **Age** **Relationship**

_____

_____

_____

_____

_____

Describe your home and community.

Home (house, apartment, farm, urban, rural):

_____

Culture/Ethnic Group(s):

_____

Describe your educational and vocational experiences:

_____

Family Support Survey

The interviewer explains the following survey and reads the instructions below to the primary caregiver of the child. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting or completing the form if necessary.

Instructions: Listed below are people that sometimes are helpful to family members raising a child. This section asks you to indicate how helpful each source is or has been to your family. You may respond to each possible source of help named in the following ways.

Help Rating Key:

1	2	3	4	5	NP	NA
Always Helpful	Often Helpful	Sometimes Helpful	Occasionally Helpful	Never Helpful	Not Pertinent	Not Available

1. My spouse or partner _____
2. My parents _____
3. My spouse or partners parents _____
4. My relatives _____
5. My spouse or partners relatives _____
6. My friends _____
7. My spouse or partners friends _____
8. My own children _____
9. My neighbors _____
10. My co-workers _____
11. Parent groups _____
12. My social groups/clubs _____
13. My church/minister _____
14. My family or childs physician _____
15. My childs professional helpers (school, agency) _____

    Specify: _____

    _____
16. My professional helpers (school, agency)

    Specify: _____

    _____

Caregiver Perceptions Survey
(3rd Experimental Version)

Candace J. VanGalder, OTR

The interventionist explains the following survey and reads the instructions to the participating caregiver. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting and completing the form if necessary.

Instructions: Please respond to each statement below as it relates to you and the care of your child. Indicate if the statement describes a strength or a need for you as a caregiver and check your response in the corresponding Strength or Need column. Some areas may not be applicable to you and if so please respond by marking the corresponding NA column.

Key:

Strength **= an area in which you feel confident and no assistance is needed.**

Need **= an area of concern in which you feel less confident and assistance is needed.**

Not Applicable **=NA an area that is not or has not been a concern.**

Statement	**Strength**	**Need**	**NA**
1. Understanding my child's condition or disability.	_____	_____	_____
2. Explaining my child's condition or disability to others.	_____	_____	_____
3. Understanding my child's special needs.	_____	_____	_____
4. Explaining my child's special needs to others.	_____	_____	_____
5. Understanding how to care for my child's needs.	_____	_____	_____
6. Explaining to others how to care for my child's needs.	_____	_____	_____
7. Understanding my child's behavior.	_____	_____	_____
8. Explaining my child's behavior to others.	_____	_____	_____
9. Understanding how to interact with my child.	_____	_____	_____
10. Explaining to others how to interact with my child .	_____	_____	_____
11. Obtaining professional services for my child.			
Medical	_____	_____	_____
Dental	_____	_____	_____
Social Services	_____	_____	_____
School	_____	_____	_____
Recreational	_____	_____	_____
Other (please specify):_____	_____	_____	_____
12. Obtaining special equipment/materials for my child.	_____	_____	_____
Describe:_____			
13. Obtaining childcare services for my child.	_____	_____	_____
Describe:_____			
14. Obtaining support for myself and/or my family.	_____	_____	_____
Describe:_____			

Next fill in and discuss with the interviewer your responses to the following items.

Name three positive things (skills, attributes) about myself that affect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about myself that affect my caregiving ability:

_____

_____

_____

Name three positive things (skills, attributes) about my child that affect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about my child that affect my caregiving ability:

_____

_____

_____

Caregiver Outcomes:

Pre-Training: Name one or two things I hope to learn or change.

Post-Training: Name one or two things I learned or changed.

1. _____

2. _____

Child Outcomes:

Pre-Training: Name one or two things I want my child to progress in.

Post-Training: Name one or two things my child has progressed in.

1. _____

2. _____

Caregiver Background Questionnaire

(2nd Experimental Version)

Candace J. VanGalder, OTR
Faite R-P. Mack, PH.D.

Instructions

Every caregiver has a unique style and capabilities to care for their child(ren). The family and community are also uniquely designed to support the child and caregiver. This questionnaire is designed to assist the interventionist in better understanding of the child-caregiver relationship and support system in which they function in daily life.

The interventionist reads and explains each section to the caregiver and record their replies.

Read these instructions to the Caregiver (parent, guardian or primary caregiver) :

The following questionnaire will help to describe your caregiving situation, determine the strengths, needs, priorities and concerns for you and your child. This will help assist in developing your CARE service plan. Please answer the following questions and surveys. Thank-you.

Caregiver, Child, and Family Information

Date: _____ **Caregiver Name:** _____ **Age:** _____

Child's Name: _____ **Birthdate:**_____ **Age:** _____

Child's Special Needs and Concerns:

Name three things your child has learned or developed and you feel really good about:

1. _____
2. _____
3. _____

Name three things your child needs help with for learning or developing:

1. _____
2. _____
3. _____

Name three things you would like to change in your child:

1. _____
2. _____
3. _____

Family Members (relatives or others living in your home) **Age** **Relationship**

_____

_____

_____

_____

Name three things that you feel really good about yourself and/or your family as each relates to caring for your child.

1. _____

2. _____

3. _____

Name three things that you think you or your family would like to change as it relates to caring for your child.

1. _____

2. _____

3. _____

Name any other relatives, friends, or organizations who are available to assist you and your child.

_____

_____

_____

Describe your home and community.

Home (house, apartment, farm, urban, rural) and persons in the home:

_____

Culture/Ethnic Group(s):

_____

Community Group(s):

_____

Family Support Survey

The interviewer reads and explains the following survey and instructions to the primary caregiver of the child. Each source is named and a response requested from the primary caregiver as indicated in the help rating key below.

The interviewer reads these instructions: Listed below are people that sometimes are helpful to family members raising a child. This section asks you to indicate how helpful each source is or has been to your family. You may respond to each possible source of help named in the following ways.

Help Rating Key:

1	2	3	4	5
Always Helpful	Often Helpful	Sometimes Helpful	Occasionally Helpful	Never Helpful

NP Not pertinent to the family. **NA** Not available to the family.

1. My spouse or partner _____
2. My parents _____
3. My spouse or partners parents _____
4. My relatives _____
5. My spouse or partners relatives _____
6. My friends _____
7. My spouse or partners friends _____
8. My own children _____
9. My neighbors _____
10. My co-workers _____
11. Parent groups _____
12. My social groups/clubs _____
13. My church/minister _____
14. My family or childs physician _____
15. My childs professional helpers (school, agency) _____

Specify: _____

_____

16. My professional helpers (school, agency)

Specify: _____

_____

Caregiver Perceptions Survey
(2nd Experimental Version)

Candace J. VanGalder, OTR

The following survey will be completed by the parent or primary caregiver before and after Caregiver Training.

Please respond to each statement below as it relates to you and the care of your child. Indicate if the statement describes a strength or a need for you as a caregiver and check your response in the corresponding Strength or Need column. Some areas may not be applicable to you and if so please respond by marking the corresponding NA column.

Key:

Strength **= an area in which you feel confident and no assistance is needed.**

Need **= an area of concern in which you feel less confident and assistance is needed.**

Not Applicable **=NA an area that is not and has not been a concern.**

Statement	Strength	Need	NA
1. Understanding my child's condition or disability.	_____	_____	_____
2. Explaining my child's condition or disability to others.	_____	_____	_____
3. Understanding my child's special needs.	_____	_____	_____
4. Explaining my child's special needs to others.	_____	_____	_____
5. Understanding how to care for my child's needs.	_____	_____	_____
6. Explaining to others how to care for my child.	_____	_____	_____
7. Understanding my child's behavior.	_____	_____	_____
8. Explaining my child's behavior to others.	_____	_____	_____
9. Understanding how to interact with my child.	_____	_____	_____
10. Explaining to others how to interact with my child .	_____	_____	_____
11. Demonstrating my child's care to others.	_____	_____	_____
12. Obtaining professional services for my child.	_____	_____	_____

Medical/Health_____Dental_____Social Services_____Mental Health_____School_____
Recreational_____Other (please specify):_____

13. Obtaining special equipment for my child.	_____	_____	_____

Describe:_____

14. Obtaining medical care for my child.	_____	_____	_____

Describe:_____

15. Obtaining childcare services for my child.	_____	_____	_____

Describe:_____

16. Obtaining support for my family.

Describe:_____

Next fill in and discuss with the interviewer your responses to the following items.

Name three positive things (skills, attributes) about myself that effect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about myself that effect my caregiving ability:

_____

_____

_____

Name three positive things (skills, attributes) about my child that effect my caregiving ability:

_____

_____

_____

Name three negative things (skills, attributes) about my child that effect my caregiving ability:

_____

_____

_____

_____Name three things I hope to learn or change:

or _____Name three things I learned or changed:

_____

_____

_____

Child and Caregiver Outcomes Chosen: (Pre Training)	**Child and Caregiver Outcomes Met: (Post Training)**
_____	_____
_____	_____
_____	_____

Caregiver Functioning Questionnaire

(1rst Experimental Version)

Candace J. VanGalder, OTR
Faite R-P. Mack, PH.D.

Instructions

Every caregiver has a unique style and capabilities to care for their child(ren). The family and community are also uniquely designed to support the child and caregiver. This questionnaire is designed to assist the interventionist in better understanding of the child-caregiver relationship and support system in which they function in daily life.

The interventionist reads and explains each section to the caregiver and record their replies.

Read these instructions to the Caregiver: The following questionnaire will help to describe your caregiving situation, determine the strengths, needs, priorities and concerns for you and your child This will help assist in developing your CARE service plan. Please complete the questionnaire before and after completion of your Caregiver Training. Thank-you.

Caregiver, Child, and Family Information

Date: _____ **Caregiver Name:** _____ **Age:** _____

Child's Name: _____ **Birthdate:**_____ **Age:** _____

Child's Special Needs and Concerns:

Name three things your child is really good at:

1. _____
2. _____
3. _____

Name three things your child needs help with:

1. _____
2. _____
3. _____

Name three things you would like to change in your child:

1. _____
2. _____
3. _____

Family Members **Age** **Relationship**

_____

_____

_____

_____

Name three things that you feel are really good about yourself and/or your family:

1. _____
2. _____
3. _____

Name three things that you would like to change in yourself and/or your family:

1. _____
2. _____
3. _____

Name any other relatives, friends, or organizations who are available to assist you and your child.

_____

_____

_____

Describe your home and community.

Home (house, apartment, farm, urban, rural) and persons in the home:

_____

Culture/Ethnic Group(s):

_____

Community Group(s):

_____

Listed below are people that sometimes are helpful to family members raising a child. This section asks you to indicate how helpful each source is to your family.

Check the caregiver response that best describes how helpful these sources have been to your family during the past year. If a source of help has not been available to your family during this period, check the NA (Not Available) Response.

	Rating of helpfulness:	Not Helpful	Sometimes Helpful	Very Helpful	Not Available
1.	My spouse or partner	_____	_____	_____	_____
2.	My parents	_____	_____	_____	_____
3.	My spouse or partners parents	_____	_____	_____	_____
4.	My relatives	_____	_____	_____	_____
5.	My spouse or partners relatives	_____	_____	_____	_____
6.	My friends	_____	_____	_____	_____
7.	My spouse or partners friends	_____	_____	_____	_____
8.	My own children	_____	_____	_____	_____
9.	My neighbors	_____	_____	_____	_____
10.	My co-workers	_____	_____	_____	_____
11.	Parent groups	_____	_____	_____	_____
12.	My social groups/clubs	_____	_____	_____	_____
13.	My church/minister	_____	_____	_____	_____
14.	My family or childs physician	_____	_____	_____	_____
15.	My childs professional helpers (school, agency)	_____	_____	_____	_____
	Specify:_____				
16.	My professional helpers (school, agency)	_____	_____	_____	_____
	Specify:_____				

Caregiver Perceptions

Please respond to each statement below as it relates to you and the raising of your child. You will be asked to indicate if the statement describes a strength or a need for you as a caregiver.

Key:

Strength = an area in which you feel confident and no assistance is needed.

Need = an area of concern in which you feel less confident and assistance is needed.

Statement		Strength	Need
1.	Understanding my child's condition or disability.	_____	_____
2.	Explaining my child's condition or disability to others.	_____	_____
3.	Understanding my child's special needs.	_____	_____
4.	Explaining my child's special needs to others.	_____	_____
5.	Understanding how to care for my child's special needs.	_____	_____
6.	Explaining to others how to care for my child.	_____	_____
7.	Understanding my child's behavior.	_____	_____
9.	Explaining my child's behavior to others.	_____	_____
10.	Understanding how to interact with my child.	_____	_____
11.	Explaining to others how to interact with my child .	_____	_____
12.	Demonstrating my child's care to others.	_____	_____
13.	Information about services that are available for my child.	_____	_____
14.	Obtaining professional services for my child.	_____	_____
	Medical/Health_____Dental_____Social Services_____Mental Health_____School_____ Recreational_____Other (please specify):_____		
15.	Information about special equipment that my child needs.	_____	_____
16.	Obtaining special equipment that my child needs.	_____	_____
17.	Obtaining a physician who understands me and my child.	_____	_____
18.	Information about childcare services for my child.	_____	_____
19.	Obtaining childcare services for my child.	_____	_____
20.	Locating other families who have a child like mine.	_____	_____

Name three positive things about myself that effect my caregiving ability:

_____

_____

_____

Name three negative things about myself that effect my caregiving ability:

_____

_____

_____

Name three positive things about my child that effect my caregiving ability:

_____

_____

_____

Name three negative things about my child that effect my caregiving ability:

_____

_____

_____

_____Name three things I hope to learn or change:

or _____Name three things I learned or changed:

_____

_____

_____

Child and Caregiver Outcomes Chosen: (Pre Training)	**Child and Caregiver Outcomes Met: (Post Training)**
_____	_____
_____	_____
_____	_____

Appendix B: Completed Caregiver Background Questionnaire, Pre and Post Caregiver Perceptions Surveys and Pre and Post Play-Based Assessments

Caregiver Background Questionnaire
(Final Experimental Version)

Candace J. VanGalder, OTR
Faite R-P. Mack, PH.D.

Instructions

Every caregiver has a unique style and capabilities to care for their child(ren). The family and community are also uniquely designed to support the child and caregiver. This questionnaire is designed to assist the interventionist in a better understanding of the child-caregiver relationship and support system in which they function in daily life.

The Caregiver completes the questionnaire. The interventionist may discuss the questionnaire with the caregiver as it is completed or afterward. The interventionist may read and explain each section to the caregiver and record their replies if needed.

Instructions for the Caregiver (parent, guardian or primary caregiver) :

The following questionnaire will help to describe your caregiving situation, determine the strengths, needs, priorities and concerns for you and your child. This will help assist in developing and evaluating your CARE service plan. Please answer the following questions and surveys. Thank-you.

Caregiver, Child, and Family Information

Date: 11/24/97 **Caregiver Name:** _____ **Age:** 37

Child's Name: _____ **Birthdate:** 12/18/92 **Age:** 4

Child's Special Needs and Concerns:

Name three things your child has progressed in:

1. my child has recently begun attending church
2. and children's group without fear or
3. hesitancy.

Name three things your child needs help learning or developing:

1. potty training
2. dressing - shoes, coat, clothing
3. confidence in physical activities

List any services your child has received or presently receives and their service provider:

Medical: Pediatrician

Dental: Pedodontist

Social Services:

School: Apple Orchard Early Childhood Center OT and PT

Other:

List family members (relatives or others living in your home)	Age	Relationship
Father	36	Parent
Brother 1	10	Sibling
Brother 2	8	Sibling
Brother 3	4	Twin

Describe your home and community environment.

Home (house, apartment, farm, urban, rural):

Our family lives in a house.
Suburb of a urban community.

Cultural/Ethnic Group(s):

Caucasian
Dutch American

Describe your educational and vocational experiences:

High school Graduate; College business courses taken; 7 yrs working in banking and accounting jobs

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Family Support Survey

The interviewer explains the following survey and reads the instructions below to the primary caregiver of the child. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting or completing the form if necessary.

Instructions: Listed below are people that sometimes are helpful to family members raising a child. This section asks you to indicate how helpful each source is or has been to your family. You may respond to each possible source of help named in the following ways.

Help Rating Key:

1	2	3	4	5	NP	NA
Always Helpful	Often Helpful	Sometimes Helpful	Occasionally Helpful	Never Helpful	Not Pertinent	Not Available

1.	My spouse or partner	1	11.	Parent groups (church)	2
2.	My parents	1	12.	My social groups/clubs	NA
3.	My spouse or partners parents	3	13.	My church/minister	1
4.	My relatives	4	14.	My family or childs physician	1
5.	My spouse or partners relatives	4	15.	My childs professional helpers (school, agency)	1
6.	My friends	2		Specify: Apple Orchard Early Childhood Center	
7.	My spouse or partners friends	4			
8.	My own children	2	16.	My professional helpers (school, agency)	
9.	My neighbors	NP		Specify: NP	
10.	My co-workers	NA			

Caregiver Perceptions Survey
(Final Experimental Version)

Candace J. VanGalder, OTR

The interventionist explains the following survey and reads the instructions to the participating caregiver. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting and completing the form if necessary.

Name: Mother **Date:** 11/24/97

***Instructions:** Please respond to each statement below as it relates to you and the care of your child. Indicate if the statement describes a strength or a need for you as a caregiver and check your response in the corresponding Strength or Need column. Some areas may not be applicable to you and if so please respond by marking the corresponding NA column.*

Key:

Strength = an area in which you feel confident and no assistance is needed.

Need = an area of concern in which you feel less confident and assistance is needed.

Not Applicable =NA an area that is not or has not been a concern.

Statement	Strength	Need	NA
1. Understanding my child's condition or disability.		✓	
2. Explaining my child's condition or disability to others.		✓	
3. Understanding my child's special needs.		✓	
4. Explaining my child's special needs to others.		✓	
5. Understanding how to care for my child's needs.		✓	
6. Explaining to others how to care for my child's needs.		✓	
7. Understanding my child's behavior.	✓		
8. Explaining my child's behavior to others.	✓		
9. Understanding how to interact with my child.	✓		
10. Explaining to others how to interact with my child .	✓		
11. Obtaining professional services for my child.			
Medical	✓		
Dental	✓		
Social Services			✓
School	✓		
Recreational	✓		
Other (please specify):_____			
12. Obtaining special equipment/materials for my child.		✓?	
Describe:_____			
13. Obtaining childcare services for my child.	✓		
Describe:_____			
14. Obtaining support for myself and/or my family.	✓		
Describe:_____			

Next fill in and discuss with the interviewer your responses to the following items.

Name three positive things (skills, attributes) about myself that affect my caregiving ability:

I am nurturing.

I am available.

I am reassuring.

Name three negative things (skills, attributes) about myself that affect my caregiving ability:

I do not encourage independence in my child.

I do not take enough time to play with my child.

I lack follow through in my discipline.

Name three positive things (skills, attributes) about my child that affect my caregiving ability:

My daughter is loving.

My daughter is usually happy

My daughter plays well with others.

Name three negative things (skills, attributes) about my child that affect my caregiving ability:

My daughter lacks physical confidence.

My daughter lacks emotional confidence.

My daughter is overly sensitive.

Caregiver Outcomes:

Pre-Training: Name one or two things I hope to learn or change.

Post-Training: Name one or two things I learned or changed.

1. Increase my knowledge of developmental expectations for my child.
2. Learn how to encourage independence in my child.

Child Outcomes:

Pre-Training: Name one or two things I want my child to progress in.

Post-Training: Name one or two things my child has progressed in.

1. Learn to take her shoes off and put them on.
2. Learn to problem solve difficult tasks.

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Caregiver Perceptions Survey
(Final Experimental Version)

Candace J. VanGalder, OTR

The interventionist explains the following survey and reads the instructions to the participating caregiver. The caregiver then completes the form. The interviewer may assist the caregiver in interpreting and completing the form if necessary.

Name: Mother **Date:** 3/31/97

***Instructions:** Please respond to each statement below as it relates to you and the care of your child. Indicate if the statement describes a strength or a need for you as a caregiver and check your response in the corresponding Strength or Need column. Some areas may not be applicable to you and if so please respond by marking the corresponding NA column.*

Key:

Strength = an area in which you feel confident and no assistance is needed.

Need = an area of concern in which you feel less confident and assistance is needed.

Not Applicable =NA an area that is not or has not been a concern.

Statement	Strength	Need	NA
1. Understanding my child's condition or disability.	✓		
2. Explaining my child's condition or disability to others.	✓		
3. Understanding my child's special needs.	✓		
4. Explaining my child's special needs to others.	✓		
5. Understanding how to care for my child's needs.	✓		
6. Explaining to others how to care for my child's needs.	✓		
7. Understanding my child's behavior.	✓		
8. Explaining my child's behavior to others.	✓		
9. Understanding how to interact with my child.	✓		
10. Explaining to others how to interact with my child .	✓		
11. Obtaining professional services for my child.			
Medical	✓		
Dental	✓		
Social Services			✓
School	✓		
Recreational	✓		
Other (please specify):_____			
12. Obtaining special equipment/materials for my child.	✓		
Describe:_____			
13. Obtaining childcare services for my child.			✓
Describe:_____			
14. Obtaining support for myself and/or my family.			✓
Describe:_____			

Next fill in and discuss with the interviewer your responses to the following items.

Name three positive things (skills, attributes) about myself that affect my caregiving ability:

I am learning to listen reflectively to my child.
I am beginning to give my child more opportunity to try.
I am learning to describe her efforts as praise.

Name three negative things (skills, attributes) about myself that affect my caregiving ability:

I tend to be too critical of how my child does things.
I continue to struggle between allowing my child to try and doing it for her.

Name three positive things (skills, attributes) about my child that affect my caregiving ability:

My child is compliant.
My child is affectionate.
My child is wanting to do more for herself.

Name three negative things (skills, attributes) about my child that affect my caregiving ability:

My child is overly sensitive.
My child lacks confidence in herself.
My child has delayed physical development.

Caregiver Outcomes:

Pre-Training: Name one or two things I hope to learn or change.

Post-Training: Name one or two things I learned or changed.

1. I am beginning to allow my child the chance to try herself.
2. I know how to focus on her individual needs better.

Child Outcomes:

Pre-Training: Name one or two things I want my child to progress in.

Post-Training: Name one or two things my child has progressed in.

1. My child manages her shoes, clothes, and coat now.
2. My child is beginning to toilet train.

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Pre Play-Based Assessment Summary

Name of child:	_____	**Date:**	1/24/97
Birthdate:	12/18/92	**Evaluator:**	Candace VanGalder
Age:	4 years 1 month	**Location:**	Home
Name of Parent(s):	_____	**Address:**	_____
Home Phone Number:	_____		_____

Referral Source: Pediatrician **Reason for referral:** Developmental Delays

Family Members: Mother, Father, Brother age10, Brother age 8, and twin Brother age 4.

Family Present: Mother and twin brother.

Family Goals:

1. Increase my child's physical confidence. 2. Increase my child's independence.

Areas Assessed: Self-care and Fine Motor

Self-Care Observations and Parent Reports:

Hygiene	Dressing	Feeding
Child wears diapers. Shows interest and tries to sit on toilet or potty chair but does not void until later in diapers. Sometimes indicates when wet or soiled.	Child undresses. Needs help to do shoes to dress. Relies on brothers or mother to do for her. Does not initiate trials.	Child eats and drinks on her own. She uses spoon and fork. Needs help to cut food and open packages.

Child is ready to:

Toileting	Dressing	Feeding
Begin toileting on a routine schedule to connect sensory, motor, cognitive, and social feedback.	Remove and put on shoes. Put on coat, shirt and pants.	Open started packages.

Fine Motor Observations and Parent Reports:

Drawing

Child drew scribbles with each crayon color and paper. She imitated what her brother drew and this occurs frequently. Child follows her brother's lead in activities.

Cutting

Child held scissors upside down and fingers were incorrectly placed. She had difficulty opening and closing scissors.

Child is ready to:

Drawing

Draw simple lines and shapes. Spontaneously draw her own designs.

Cutting

Hold scissors correctly. Open and close scissors to snip paper.

Summary:

_____ demonstrates fine motor and self-care skills within a 3-4 year maturity range. She lacks confidence in her abilities and relies on others to initiate and problem-solve tasks at home. Child has begun to show interest in practicing dressing and toileting but has shown no desire to participate in art activities.

Recommendations:

Caregiver training to provide mother with educational and therapeutic strategies to facilitate development of skills and confidence in her child.

Candace VanHalder, OTR

Evaluator Signature

Post Play-Based Assessment Summary

Name of child:	_____	**Date:**	3/31/97
Birthdate:	12/18/92	**Evaluator:**	Candace VanGalder
Age:	4 years 3 months	**Location:**	Home
Name of Parent(s):	_____	**Address:**	_____
Home Phone Number:	_____		_____

Referral Source: Pediatrician **Reason for referral:** Developmental Delays

Family Members: Mother, Father, Brother age10, Brother age 8, and twin Brother age 4.

Family Present: Mother, Brother age 10 and twin brother.

Family Goals Achieved:

1. Increased my child's physical confidence. 2. Increased my child's independence.

Areas Assessed: Self-care and Fine Motor

Self-Care Observations and Parent Reports:

Hygiene	Dressing	Feeding
Child has begun to use panties and the toilet during the daytime. Shows interest, awareness, and knowledge of toileting process. Beginning to indicate when bladder or bowel action is needed and requests to toilet with mother's presence for support and help to wipe and adjust clothing. Having daytime success with some dry trials or infrequent accidents still occurring.	Child undresses. She dresses herself including shoes. Needs help with fasteners.	Child eats and drinks on her own. She uses a spoon and fork, but needs help to cut food and open packages.

Child is ready to:

Toileting	Dressing	Feeding
Continue toileting on request and in a routine schedule to connect all sensory, motor, cognitive, and social aspects of the task.	Try to undo fasteners. Help do fasteners.	Open started packages.

Fine Motor Observations and Parent Reports:

Drawing

Child drew lines and scribble with crayon starting her own drawings given the chance or encouragement. She and brother often imitated each other in activities.

Cutting

Child held scissors correctly with initial reminder. She snipped at edge of paper.

Child is ready to:

Drawing

Draw simple lines and shapes.
Spontaneously draw her own designs.

Cutting

Hold scissors correctly. Open and close scissors to snip and cut paper.

Summary:

_____ has developed a significant increase in interest and skill in the areas of toileting, dressing, and cutting. Mother has reported feeling more confident in her ability to guide her child in these areas of development since participating in caregiving training.

Recommendations:

Monitor development of child and provide training to both mother and child on a regular basis.

Candace Van Valkenburg

Evaluator Signature

Appendix C: CARE Progress Notations

Care Progress Notes

Parent: Mother | **Child:** Daughter | **Others:** Twin brother

Date: 1/17/97 | **Location:** Home | **Trainer:** Candace VanGalder

Activity

Pre Play-Based Assessment

Comments

See report for specific results in Appendix B.

Care Progress Notes

Parent: Mother | **Child:** Daughter | **Others:** Twin brother

Date: 1/24/97 | **Location:** School | **Trainer:** Candace VanGalder

Activity

CARE Project Orientation
Interview of parent.
Explanation of training procedure, environment and materials.
Issued Caregiver Perceptions Survey.

Comments

Explained CARE Project. Completed Caregiver Background Questionnaire with parent. Survey will be completed by parent and returned next session.

Care Progress Notes

Parent: Mother | **Child:** Daughter | **Others:** Twin brother

Date: 2/3/97 | **Location:** School | **Trainer:** Candace VanGalder

Activity

Discussion of responses to Caregiver Perceptions Survey.
Goal review and clarification for session.
Therapist demonstration of shoe and coat dressing activity with child. Mother and child repeated shoe activity with support given from therapist to parent via audio-communication - two way mirror.
Issued articles to parent on child development and parenting.

Special Interactions and Methods Used:

Specific task explanation .
Clarification of expectations. Descriptive commentary of their actions and results.
Reflective listening in response to children's comments.

Comments

Observations of Mother:

Stepped in to help child 3/5 times. With therapist reminder mother stopped self from helping 2/5 times. Repeated therapist descriptive commentary to her daughter 2/3 times. Mother was not clear in her delivery of expectations to child, however, other interactions techniques facilitated the child in continuing her practice.

Observations of Child:

Child frequently said "I can't do it" when first attempting shoes and coat. She immediately stopped trying if Mother or brother intervened. In response to special interactions from mother she continued trying and finally succeeded.

Care Progress Notes

Parent: Mother **Child:** Daughter **Others:** Twin brother

Date: 2/10/97 **Location:** School **Trainer:** Candace VanGalder

Activity

Discussed home progress.
Goal review and activity explanation for session.
Mother and child repeated shoe and coat dressing activity with therapist support given to parent via audio-communication and two-way mirror.
Issued articles to parent on child development and parenting.
Discussed home potty training routine.

Special Interactions and Methods Used:

Specific task explanation.
Clarification of expectations.
Descriptive commentary and reflective listening.

Comments

Report and Observations of Mother:

Child has been removing and putting on shoes most of the time at home. Mother gave clear task explanation and boundaries to child for activity. She stepped in to help child 2/5 times and stopped self from helping 2/5 times in shoe and coat tasks. Mother decided to keep to potty training schedule at morning wake-up and evening bed times. Reported to be starting to use descriptive commentary and reflective listening at home. Mother requested more practice today.

Observations of Child:

Child proudly said "I did it" after completing coat and shoe dressing. She allowed her mother to help when it was given but was persistent in trying to help finish the task.

Care Progress Notes

Parent: Mother **Child:** Daughter **Others:** Twin brother

Date: 2/24/97 **Location:** School **Trainer:** Candace VanGalder

Activity

Discussed home progress.
Goal review and activity explanation for session.
Therapist demonstration of environmental arrangements, material selections, and therapeutic interactions with child during drawing and cutting activities.
Mother and child repeated drawing and cutting activity with therapist support given to audio-communication and two-way mirror.
Issued articles to parent on child development and parenting.
Discussed home potty training routine.

Special Interactions and Methods Used:

Specific task explanation. Clarification of behavior expectations and firm but gentle limit setting and consequences.
Reflective listening and descriptive commentary.

Comments

Report and Observations of Mother:

Child has continued to independently manage shoes and coat. She has also begun to undress and dress herself with other clothing garments. Mother reported that having enough time to allow her child to do dressing tasks has been the primary home interference. Potty training parent via trials have proved unsuccessful recently. Mother demonstrated giving clear task and behavior expectations to her child. She needed help from therapist who modeled follow through with the giving of consequences when child tested the situation and went beyond limits (went to play in another area). Reported to be using descriptive commentary, reflective listening, and follow through at home. Mother requested more practice.

Observations of Child:

Child needed modeling and assistance to learn how to hold and manipulate scissors, stapler, tape, and hole punch. Hand strength was weak during tool use. Child drew scribbles with several crayon colors imitating what her twin brother drew.

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Care Progress Notes

Parent: Mother | Child: Daughter | Others: Twin brother

Date: 3/3/97 | Location: School | Trainer: Candace VanGalder

Activity

Discussed home progress.
Goal review and activity explanation for session.
Therapist demonstration of environmental arrangements, material selections, and therapeutic interactions with child during drawing and cutting activities.
Mother and child repeated drawing and cutting activity with therapist support given to parent via audio-communication and two-way mirror.
Issued articles to parent on child development and parenting.
Discussed home potty training routine.
Videotaping of mother and child during dressing activity.

Comments

Report and Observations of Mother:

Child has continued to independently manage dressing and undressing tasks with help for fasteners needed. Mother reported that her daughter has shown more readiness signs for potty training (interest, holding ability and persistence). She has decided to focus this potty training primarily on her daughter since the twin brother had shown no signs of readiness yet.
Mother demonstrated giving clear task and behavior expectations to her child. She gave her child opportunity to try cutting and drawing tasks 4/5 times with initial reminder from therapist. Self-checking behavior of mother was observed. Mother used descriptive commentary and reflective listening throughout fine motor activity which facilitated her daughter in problem solving challenges in fine motor activity (use of stapler and hole punch). Mother had a tendency to compare the work of each child to the other.
Mother stated she obtained creative art materials for child.

Special Interactions or Methods Used:

Clear behavior expectations and task explanation.
Specific instruction and modeling.
Free exploration opportunities with tools.
Descriptive commentary and praise.

Observations of Child:

Child needed more modeling to remind her how to hold and manipulate scissors, stapler, tape, and hole punch. Hand strength was weak during tool use but child tried two or more methods to manage tools if unsuccessful on her first trial.
Child drew scribbles and lines spontaneously and added stickers to her picture. She copied a circle shape demonstrated by her mother. Child made sure that her twin brother had the tools and materials he needed to do the same tasks.

Care Progress Notes

Parent: Mother | Child: Daughter | Others: Twin brother

Date: 3/17/97 | Location: School | Trainer: Candace VanGalder

Activity

Discussed home progress.
Discussed home potty training routine at length.
Goal review and activity explanation for session.
Therapist demonstration of environmental arrangements and therapeutic interactions child during toileting activity.
Issued articles to parent on child development and parenting.

Comments

Report and Observations of Mother:

Child has continued to independently manage dressing and undressing tasks with help for fasteners needed. Mother reported that child will sit for a very long time on potty but not void until later in her pants or on the potty. Mother was observed to use clear explanation of task and behavior expectations with follow through during transition before and after the training session.
She reported self-checking to stop her rescue behavior.

Special Interactions and Methods Used:

Specific task explanation and directions.
Clear behavioral expectations and follow through. Descriptive commentary and praise.

Observations of Child:

Child needed two trials to successfully void on potty with supervision from therapist. She requested the second time to use the potty and followed all instructions given.

Care Progress Notes

Parent: Mother **Child:** Daughter **Others:** Brother 1, Twin brother

Date: 3/31/97 **Location:** Home **Trainer:** Candace VanGalder

Activity

Post Play-Based Assessment
Videotaping of Mother-Child playtime.
Potty training session with Therapist and then Mother.

Comments

Significant improvement in self-care dressing skills and emerging cutting skills noted. See Post Play-Based Assessment report for specific results in Appendix C.

Observations and Report of Mother:

Mother reported that daughter was progressing in her potty training and was wearing panties during the day. Child has been more successful at recognizing when she needs to void and at bladder voiding. She still takes a long time to relax when toileting. Mother reported feeling more successful herself at supporting her daughter in this process. She realized that a firm, gentle approach with specific instruction and praise was best for adapting to her daughter's sensitive personality and unique learning style. Mother was observed to effectively change her interaction styles between the daughter and two sons during playtime. She had a tendency to lead daughter in play. Mother reported that she learned most from the practice with therapist immediate feedback during and after practice sessions. The supplemental articles reinforced and expanded her learning also.

Special Interactions or Methods Used:

Specific task explanation and clear behavioral expectations.
Descriptive commentary and praise.

Observations of Child:

Child was observed to seek out attention and information from her mother. She responded positively to her mother giving feedback in a gentle manner. When mother led her in play she kept to her own agenda. Child played in her own dramatic story and occasionally joined her brothers drama only to return contentedly back to her own. She tried several times to problem solve moving and opening her doll playhouse and helped her mother finish the task.